

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------------|--------|----------|
| FEE DETERMINATION | <i>[Signature]</i> | | 08/04/00 |
| O.I.P.E. CLASSIFIER | <i>[Signature]</i> | | 5/19/00 |
| FORMALITY REVIEW | | 70017 | 9/14/00 |
| RESPONSE FORMALITY REVIEW | | CL | 12-5-00 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|----------|
| 1 | ✓ | ✓ | 09/27/00 |
| 2 | ✓ | ✓ | 09/27/00 |
| 3 | ✓ | ✓ | 09/27/00 |
| 4 | ✓ | ✓ | 09/27/00 |
| 5 | ✓ | ✓ | 09/27/00 |
| 6 | ✓ | ✓ | 09/27/00 |
| 7 | ✓ | ✓ | 09/27/00 |
| 8 | ✓ | ✓ | 09/27/00 |
| 9 | ✓ | ✓ | 09/27/00 |
| 10 | ✓ | ✓ | 09/27/00 |
| 11 | ✓ | ✓ | 09/27/00 |
| 12 | ✓ | ✓ | 09/27/00 |
| 13 | ✓ | ✓ | 09/27/00 |
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| Claim | Final | Original | Date |
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| 51 | ✓ | ✓ | 09/27/00 |
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| 55 | ✓ | ✓ | 09/27/00 |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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